

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 1516766

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52	/					
3							53						
4							54						
5							55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DEP.							19						
TOTAL DEP.													
TOTAL CLAIMS							63						
TOTAL CLAIMS													
							82						

BEST AVAILABLE COPY